

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>2</b>			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.											
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>											
1. CONTRACT/PURCH ORDER NO. <b>SP0700-00-D-9725</b>			2. DELIVERY ORDER NO. <b>2623</b>		3. DATE OF ORDER (YYMMDD) <b>2004 SEP 10</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04254000483</b>		5. PRIORITY		
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>P.O. Box 3990</b> <b>Columbus, OH 43218-3990</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS</b> <b>ATTN DSCC-PLS</b> <b>PO BOX 3990 (TRANS 1-800-456-5507)</b> <b>COLUMBUS, OH 43218-3990</b>			CODE <b>SP0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR <b>B T M C CORP</b> <b>156 E BROADWAY</b> <b>WESTERVILLE OH 43081-1508</b>			CODE <b>7S526</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS							12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>		
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>			CODE		15. PAYMENT WILL BE MADE BY <b>DFAS COLUMBUS CENTER</b> <b>ATTN DFAS CO BVDPC/CC CONSTRUCTION</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>FAS CUSTOMER SERVICE 1-800-756-4571</b> <b>COLUMBUS, OH 43218-3990</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		<b>Remarks:</b>  <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.  24. UNITED STATES OF AMERICA BY: <b>POPS Auto Award</b> CONTRACTING/ORDERING OFFICER					25. TOTAL <b>\$ 733.68</b>		29. DIFFERENCE		30. INITIALS		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.  32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## CONTINUATION SHEET

Order Number:

SP0700-00-D-9725 2623

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LPL

Required Delivery Date N

6146927347 Post Award Administrator DIANE HULETT

P/N MPS-4285 Manufacturer's CAGE - 78500

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC04254000483	2	SE	366.84	733.68
	NSN 2530-01-361-2346				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION

BY: 2004 SEP 12

RDD N SHIP BY FASTEST TRACEABLE MEANS

PARCEL POST ADDRESS:

FREIGHT ADDRESS:

W81YT4

SR W0U3 INSTL STK REC ACCT PB00

CL IX SITE

BLDG Y 5015 MMD BOULEVARD

FT BRAGG, NC 28310-5000

M/F: (TCN) W36RJP42520006

RDD: N PROJ: RFF

PRIORITY: 02

END OF AWARD